

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POS/NON                   | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | (Mr)     | C7802  | 8/1/00  |
| O.I.P.E. CLASSIFIER       |          | /E     | 8/7/00  |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW | Sb       | 59222  | 9-27-00 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 1/15/00 |
| 2     | ✓     | ✓        | 1/15/00 |
| 3     | ✓     | ✓        | 1/15/00 |
| 4     | ✓     | ✓        | 1/15/00 |
| 5     | ✓     | ✓        | 1/15/00 |
| 6     | ✓     | ✓        | 1/15/00 |
| 7     | ✓     | ✓        | 1/15/00 |
| 8     | ✓     | ✓        | 1/15/00 |
| 9     | ✓     | ✓        | 1/15/00 |
| 10    | ✓     | ✓        | 1/15/00 |
| 11    | —     | —        | 1/15/00 |
| 12    | —     | —        | 1/15/00 |
| 13    | —     | —        | 1/15/00 |
| 14    | —     | —        | 1/15/00 |
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| 48    | —     | —        | 1/15/00 |
| 49    | —     | —        | 1/15/00 |
| 50    | —     | —        | 1/15/00 |

| Claim | Final | Original | Date    |
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| Claim | Final | Original | Date |
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